

## PART B - FEE(S) TRANSMITTAL

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**Commissioner for Patents**  
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24339 7590 04/04/2007

JOEL D. SKINNER, JR.  
 SKINNER AND ASSOCIATES  
 212 COMMERCIAL ST.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

HUDSON, WI 54016  
 07/05/2007 REFERENCE 00000022 10706793

01 FC:2501 700.00 DP  
 02 FC:1504 300.00 DP  
 03 FC:6001 30.00 DP

Joanne Rudrud (Depositor's name)  
 Joanne Rudrud (Signature)  
 7-5-07 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/706,793	11/12/2003	Charles D. Swerdlow	SWD200DIV	7163

TITLE OF INVENTION: DEFIBRILLATION SHOCK STRENGTH DETERMINATION TECHNOLOGY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	07/05/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
EVANISKO, GEORGE ROBERT	3762	607-008000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
 2 Skinner & Associates  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
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- ☐ A check is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-2381 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

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Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## SKINNER AND ASSOCIATES

240 Commercial Street  
Hudson, Wisconsin 54016 USA  
Tel.: 715-386-5800  
FAX: 715-386-6177  
Internet Email: info@skinnerlaw.com

INTELLECTUAL PROPERTY LAW  
Patents-Copyrights-Trademarks

Joel D. Skinner, Jr. \*+‡  
Carol N. Skinner \*+

\* WI Bar / + MN Bar / ‡ Registered Patent Attorney

July 5, 2007

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Re: U.S. PATENT APPLICATION  
Title: DEFIBRILLATION SHOCK STRENGTH DETERMINATION  
TECHNOLOGY  
Application No: 10/706,793  
Filing Date: 11/12/2003  
Attorney Docket: SWD200DIV  
Group Art Unit: 3762  
Confirmation No.: 7163

Dear Sir:

Enclosed for filing in the above-referenced case are:

1. Issue Fee Transmittal Form PTOL-85b.
2. Payment of \$ 1030.00 (Issue Fee: \$700.00, Publication Fee: \$300.00  
Advance copies: \$30.00).  
☐ By enclosed Check.  
☒ By enclosed Credit Card Payment Form(s) PTO-2038.
3. Return Receipt Post Card
4. Certificate of Mailing (Below).

Please charge any fee due not paid by a check provided herewith, and/or charge any underpayment, and/or credit any overpayment, to Deposit Account No. 19-2381.

Date of Deposit: 7-05-07 I hereby certify that this paper/fee is being deposited with the United States Postal Service as First Class Mail-Postage Prepaid, under 37 CFR 1.8, on the date indicated above, and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Name

Signature

Joanne Rudrud  
Joanne Rudrud

The Correspondence Address and Fee Address for this application and any patent issuing thereon is **CUSTOMER NUMBER 24339**.

Respectfully submitted,

A handwritten signature in black ink, appearing to be 'Jh' followed by a horizontal line and a small flourish.

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Joel D. Skinner, Jr.

Reg. No. 33,786

Enclosures

cc: Dr. Charles Swerdlow (For Records)

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